

**Library and Resource Center
Virginia Department for the Blind and Vision Impaired
395 Azalea Avenue
Richmond, Virginia 23227
804-371-3661 / 800-552-7015 / fax 804-371-3508**

ADAPTIVE EQUIPMENT RETURN AND REPAIR/REPLACEMENT FORM

TEACHER: _____

DATE: _____

PHONE: _____

CATALOG#: _____

SERIAL or COPY#: _____

ITEM TITLE: _____

**SCHOOL
DIVISION:** _____

SHIP TO:

SCHOOL: _____

STUDENT: _____

C/O: _____

STREET: _____

CITY/ZIP: _____

CHECK THE APPLICABLE STATEMENT(S):

- ☐ 1. **THIS ITEM IS BEING RETURNED IN RESPONSE TO A LETTER RECEIVED.**
- ☐ 2. The student (above) that this item was on loan to is being closed to DBVI Ed Services (graduated, moved out of state, deceased).
- ☐ 3. This item is being returned in good working condition. **IT IS NO LONGER NEEDED;** return to Adaptive Equipment stock.
- ☐ 4. Repair and stock this item in Adaptive Equipment. **NEITHER THIS ITEM NOR A REPLACEMENT IS NEEDED.** Description of problem below.
- ☐ 5. **REPAIR OR REPLACE THIS ITEM ASAP.** Description of problem below.
- ☐ 6. **REPAIR AND RETURN THIS ITEM ASAP.** Description of problem below.

DESCRIPTION OF PROBLEM: